

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097762152**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		5		/		
7		5		/		
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46		/		/		
47		5		/		
48		5		/		
49		5		/		
50		5		/		
TOTAL IND.			5			
TOTAL DEP.			64			
TOTAL CLAIMS			69			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		5		/		
52		5		/		
53		5		/		
54		5		/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						